
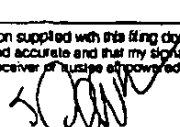


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 22, 2006 8:00 am
Secretary of State

05-02-2006 90044 003 ****50.00

DOCUMENT # L05000096154			
1. Entry Name PLAZA & ADAK LEASING, LLC			
Principal Place of Business 405 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901		Mailing Address 405 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, JAMES C II 405 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$50.00 Due by May 4, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager James C. White II 405 E. Strawbridge ave. Melbourne FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		James C. White II	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/27/06 321-962-10467	

30010916



04272006 Chg-LLC CR2ED83 (11/05)

4. FEI Number
20-3554504

5. Certificate of Status Desired \$5.00 Additional Fee Required

FL Zip Code